

CHAPTER 54-05-02 STANDARDS OF PRACTICE FOR REGISTERED NURSES

Section

54-05-02-01	Statement of Intent
54-05-02-02	Registered Nurse Responsibility to Implement the Nursing Process [Repealed]
54-05-02-02.1	Registered Nurse Responsibility to Implement the Nursing Process
54-05-02-03	Registered Nurse Responsibilities as a Member of the Nursing Profession

54-05-02-01. Statement of intent. The registered nurse is responsible and accountable to practice according to the standards of practice prescribed by the board and the profession. The purpose of the standards is:

1. To establish practice parameters for safe nursing practice for the registered nurse.
2. To serve as a guide for the board to regulate the practice of the registered nurse.

History: Effective June 1, 1979; amended effective March 1, 1986; January 1, 1994; May 1, 1996; April 1, 2004.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-18

54-05-02-02. Registered nurse responsibility to implement the nursing process. Repealed effective February 1, 1998.

54-05-02-02.1. Registered nurse responsibility to implement the nursing process. The registered nurse utilizes the nursing process to assess, diagnose, establish a plan with outcome criteria, intervene, evaluate, and document human responses to actual or potential health problems in nursing practice settings. The registered nurse:

1. Conducts and documents nursing assessments of health status of individuals, families, groups, and communities by:
 - a. Collecting objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of the nursing assessment is determined by the knowledge, skills, and abilities of the registered nurse and by the client's immediate condition or needs. The assessment will consider:
 - (1) Biophysical and emotional status including patterns of coping and interacting;
 - (2) Growth and development;

- (3) Cultural, spiritual, and socioeconomic background;
 - (4) Health history;
 - (5) Information collected by other health team members;
 - (6) Client knowledge and perception about health status and potential, or maintaining health status;
 - (7) Ability to perform activities of daily living and personal care;
 - (8) The client's health goals;
 - (9) Environmental factors (e.g., physical, social, emotional, and ecological);
 - (10) Available and accessible human and material resources; and
 - (11) Such additional data as may be necessary to assess health status.
- b. Sorting, selecting, reporting, and recording the data.
 - c. Validating, refining, and modifying the data by utilizing available resources including interactions with the client, family, significant others, and health care team.
- 2. Analyzes the assessment data to establish or modify nursing diagnoses to be used as a basis for nursing interventions.
 - 3. Develops a plan of care based on nursing assessment and diagnosis that prescribes interventions to attain expected outcomes. Planning nursing interventions will consider:
 - a. Identification of the physical, psychological, social, cultural, ethnic, and spiritual needs of the client;
 - b. Identification of the client's decisions regarding treatment;
 - c. Identification of priorities;
 - d. Collaborating with the client to establish goals and outcomes;
 - e. Identifying measures to maintain comfort;
 - f. Supporting human functions and responses;
 - g. Maintaining an environment conducive to safety and well-being;

- h. Providing health teaching and counseling;
 - i. Identifying community resources for continued care; and
 - j. Such additional interventions as may be necessary to achieve the expected outcomes.
- 4. Implements the plan of care and the nursing interventions for the client under the registered nurse's care by:
 - a. Writing nursing orders;
 - b. Giving direct care;
 - c. Assisting with care;
 - d. Determining the responsibilities that can properly and safely be assigned or delegated as defined in chapter 54-05-04;
 - e. Providing an environment conducive to safety and health;
 - f. Documenting nursing interventions and client responses to care;
 - g. Communicating interventions and responses to other members of the health team; and
 - h. Executing the regimen prescribed by a licensed practitioner.
- 5. Evaluates the responses of individuals, families, groups, and communities to nursing interventions. The evaluation data must be:
 - a. Documented and communicated to appropriate members of the health care team; and
 - b. Used as a basis for:
 - (1) Reassessing client health status;
 - (2) Measuring outcomes and goal attainment;
 - (3) Modifying nursing diagnoses;
 - (4) Revising strategies of care; and

- (5) Prescribing changes in nursing interventions.

History: Effective February 1, 1998.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-18

54-05-02-03. Registered nurse responsibilities as a member of the nursing profession. The registered nurse is responsible and accountable for the care provided and for assuring the safety and well-being of the client. The registered nurse provides care based upon client care needs; the knowledge, skills, and abilities of the registered nurse; and organization policy. The registered nurse functions as a member of a health care team by collaborating with the client and health care team in providing client care. The registered nurse will:

1. Assist the client to maximize the client's health through the direct implementation of the nursing plan of care.
2. Maximize the client's health by retaining professional accountability for nursing care when assigning or delegating nursing interventions.
3. Facilitate communication between the client, significant others, and health care team.
4. Design and implement a teaching plan specific to the needs of the client.
5. Utilize resources, environments, and programs to maximize client outcomes.
6. Utilize research findings appropriate to nursing practice.
7. Recognize and protect clients' rights.
8. Practice within the ethical frameworks and standards of the nursing profession.
9. Assume a leadership role in health care management.
10. Evaluate the nurse's own nursing practice in relation to professional practice standards.
11. Participate in quality improvement activities to evaluate and modify practice.
12. Demonstrate knowledge and understanding of the statutes and rules governing nursing and function within the legal boundaries of registered nursing practice.
13. Observe and follow the duly adopted standards, policies, directives, and orders of the board as they may relate to the registered nurse.

14. Protect confidential information unless obligated by law to disclose the information.
15. Contribute to the professional development of peers, colleagues, and others.
16. Acquire and maintain current knowledge in nursing practice.

History: Effective January 1, 1994; amended effective May 1, 1996; February 1, 1998.

General Authority: NDCC 43-12.1-08

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